



MARYLAND Department of Health

June 29, 2018

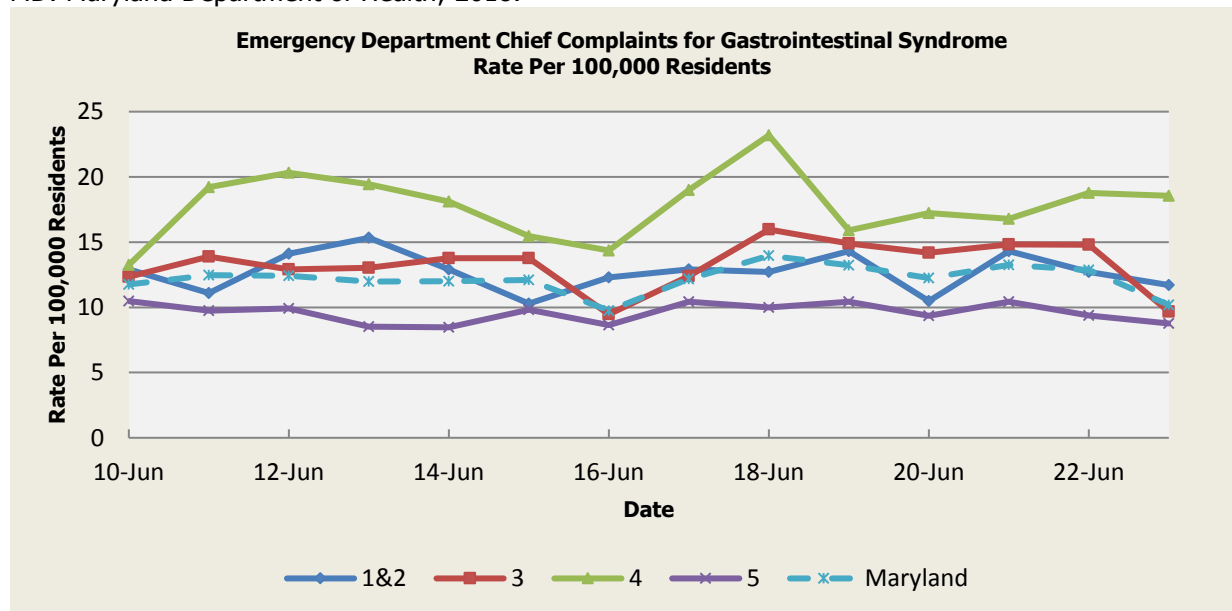
Public Health Preparedness and Situational Awareness Report: #2018:25 Reporting for the week ending 06/23/18 (MMWR Week #25)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts
Maryland: Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

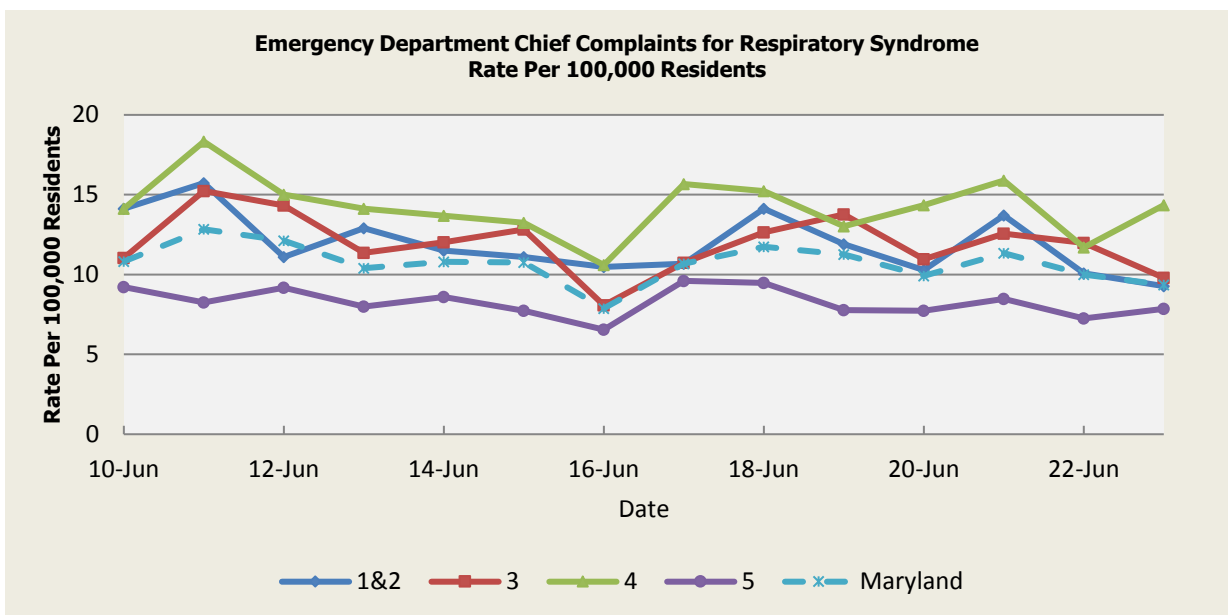
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2018.



There were four (4) Gastrointestinal Syndrome outbreaks reported this week: one (1) outbreak of Gastroenteritis in a Hospital (Region 4); two (2) outbreaks of Gastroenteritis/Foodborne associated with a Restaurant (Regions 1&2, 5); one (1) outbreak of Vibriosis associated with Private Homes (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.07	15.14	15.68	10.24	13.13
Median Rate*	12.91	14.87	15.24	10.13	12.97

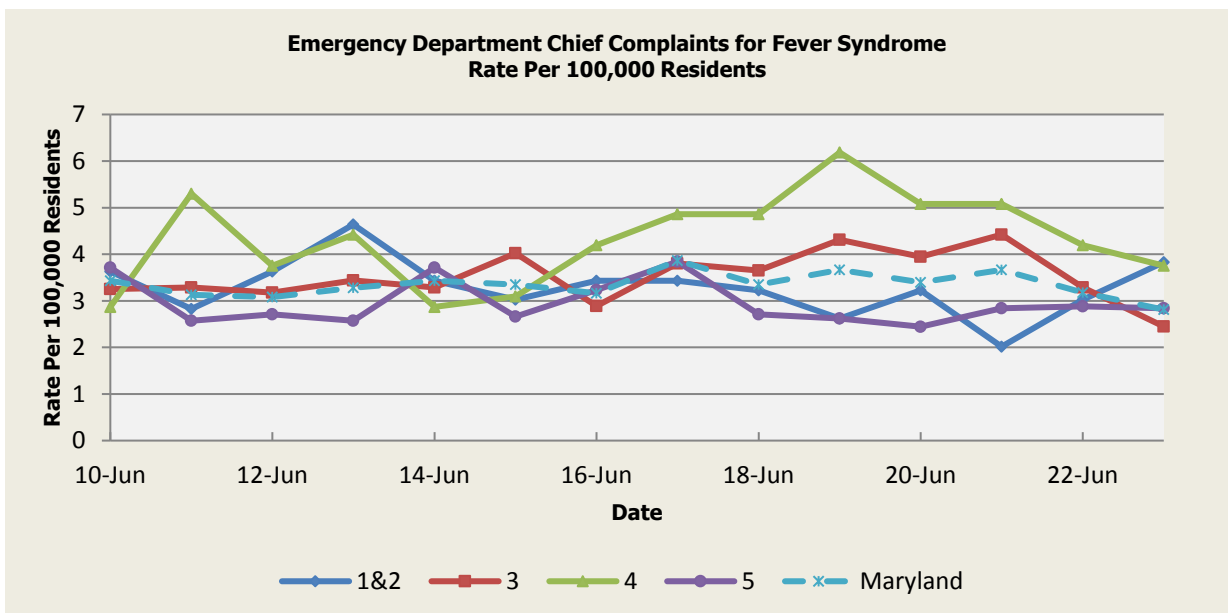
* Per 100,000 Residents



There were no Respiratory illness outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.40	14.68	14.83	9.98	12.70
Median Rate*	11.90	14.10	14.13	9.60	12.18

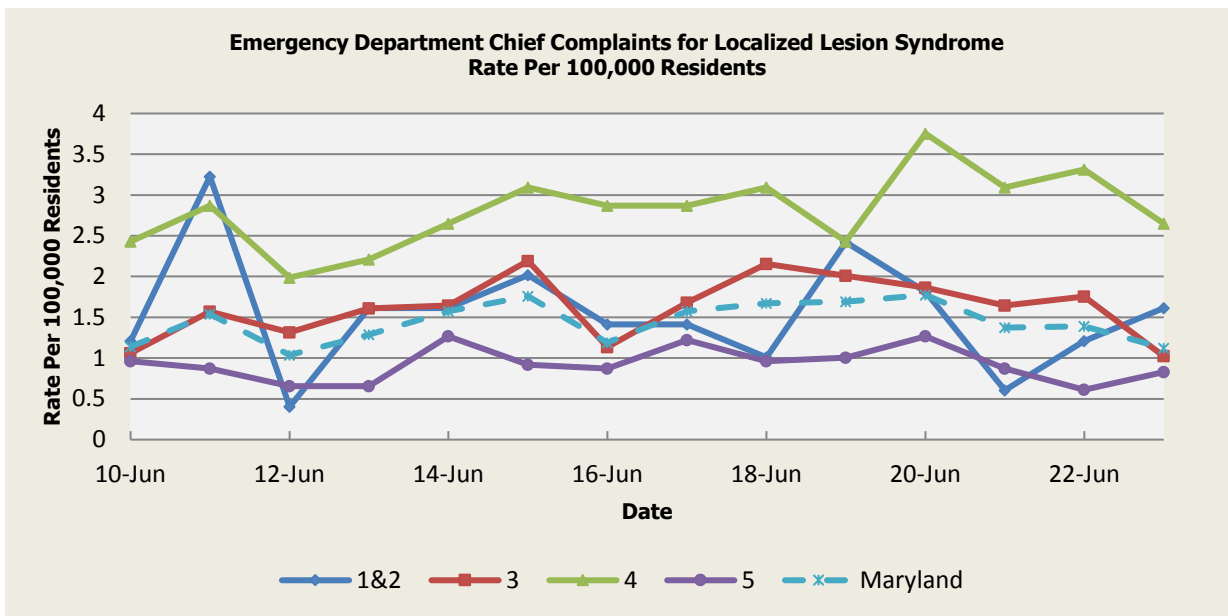
* Per 100,000 Residents



There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.01	3.89	4.04	3.05	3.50
Median Rate*	2.82	3.76	3.75	2.92	3.38

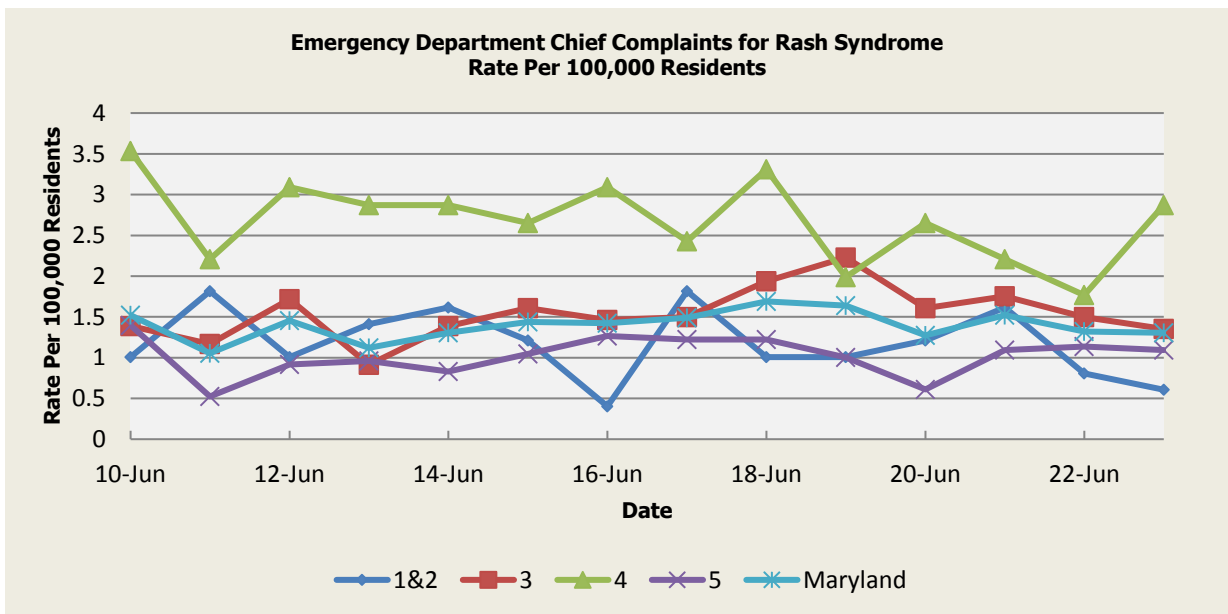
Per 100,000 Residents



There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.05	1.85	2.03	0.93	1.44
Median Rate*	1.01	1.79	1.99	0.92	1.39

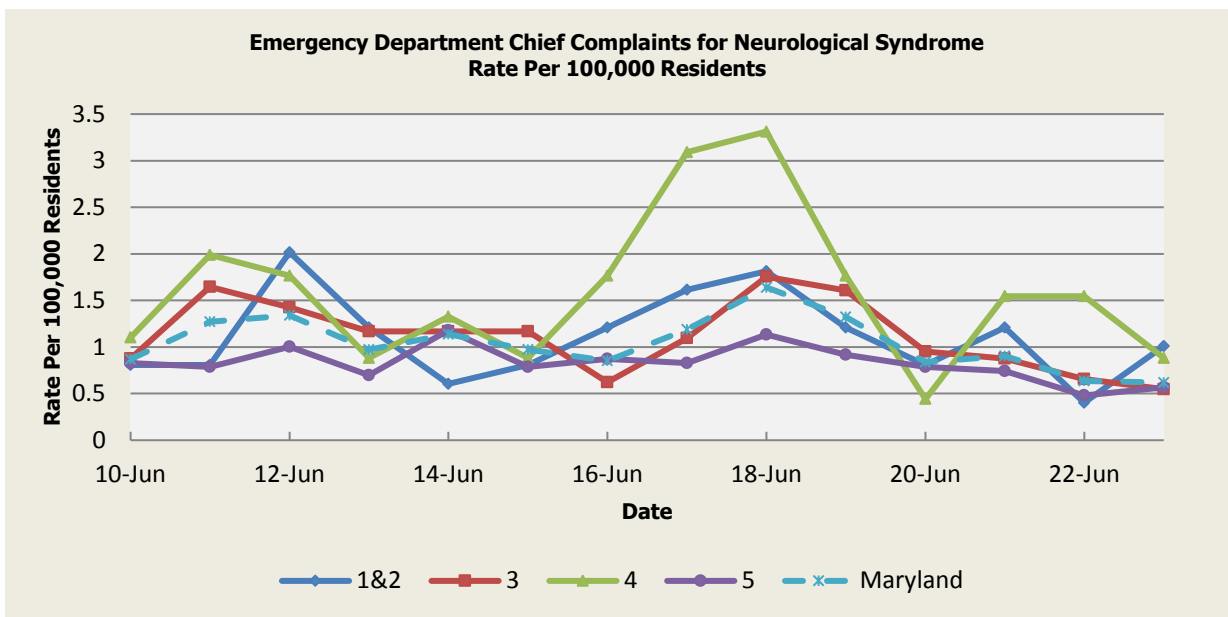
* Per 100,000 Residents



There were three (3) Rash Syndrome outbreaks reported this week: two (2) outbreaks of Hand, Foot, and Mouth Disease associated with Daycare Centers (Regions 4,5); one (1) outbreak of Hand, Foot, and Mouth Disease associated with a School (Region 5).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.21	1.71	1.76	1.00	1.40
Median Rate*	1.21	1.64	1.77	0.96	1.34

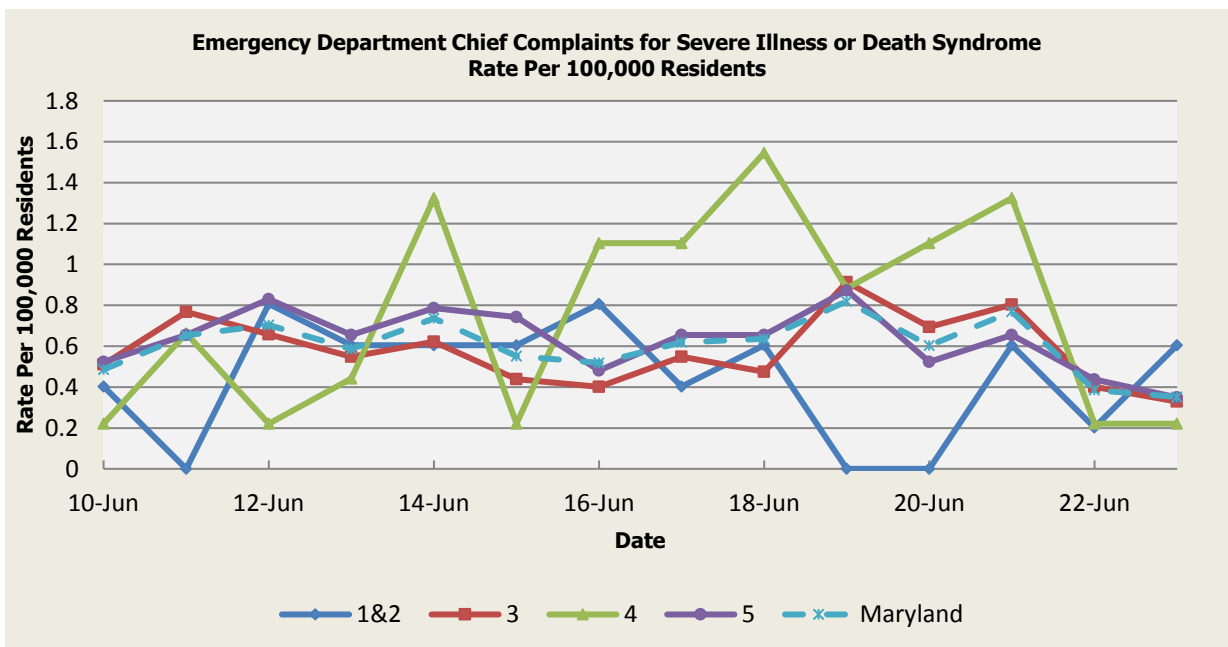
* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.72	0.88	0.78	0.55	0.74
Median Rate*	0.60	0.77	0.66	0.52	0.64

* Per 100,000 Residents

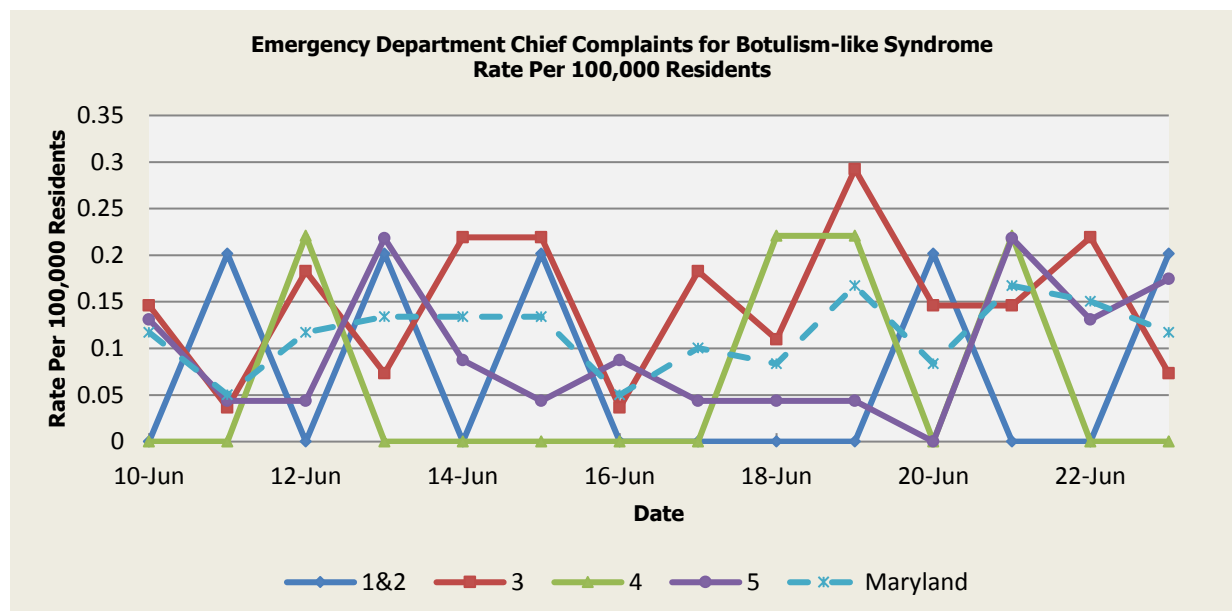


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.63	0.89	0.79	0.47	0.70
Median Rate*	0.60	0.88	0.66	0.48	0.69

* Per 100,000 Residents

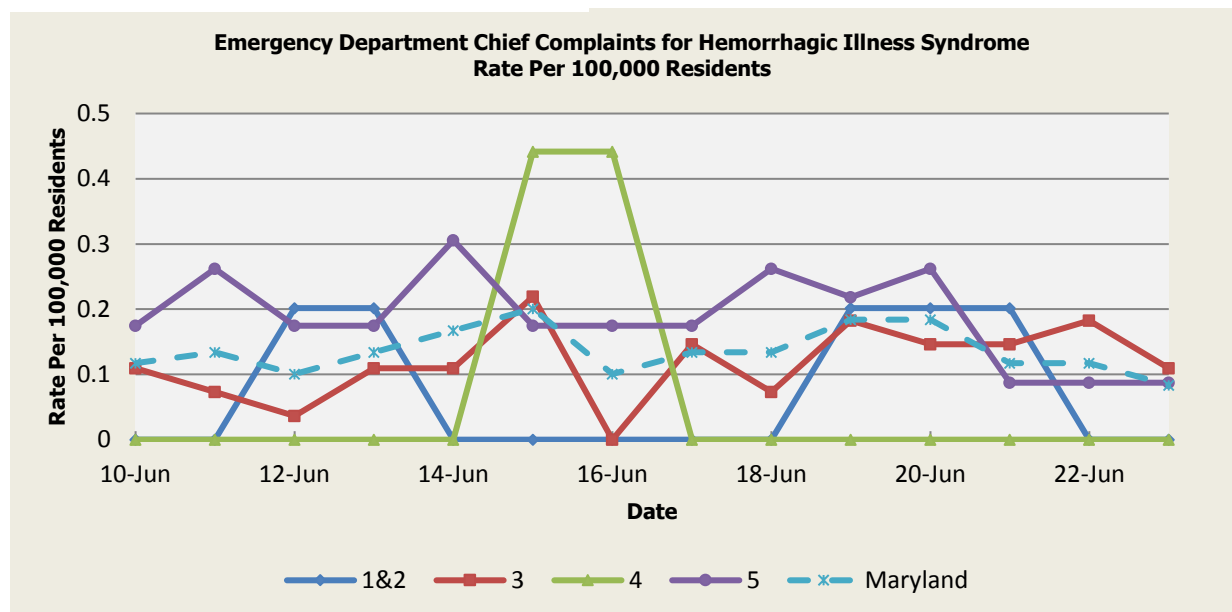
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 6/11 (Regions 1&2), 6/12 (Region 4), 6/13 (Regions 1&2,5), 6/15 (Regions 1&2), 6/18 (Region 4), 6/19, (Regions 3,4), 6/20 (Regions 1&2), 6/21 (Region 4,5), 6/23 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.11	0.05	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

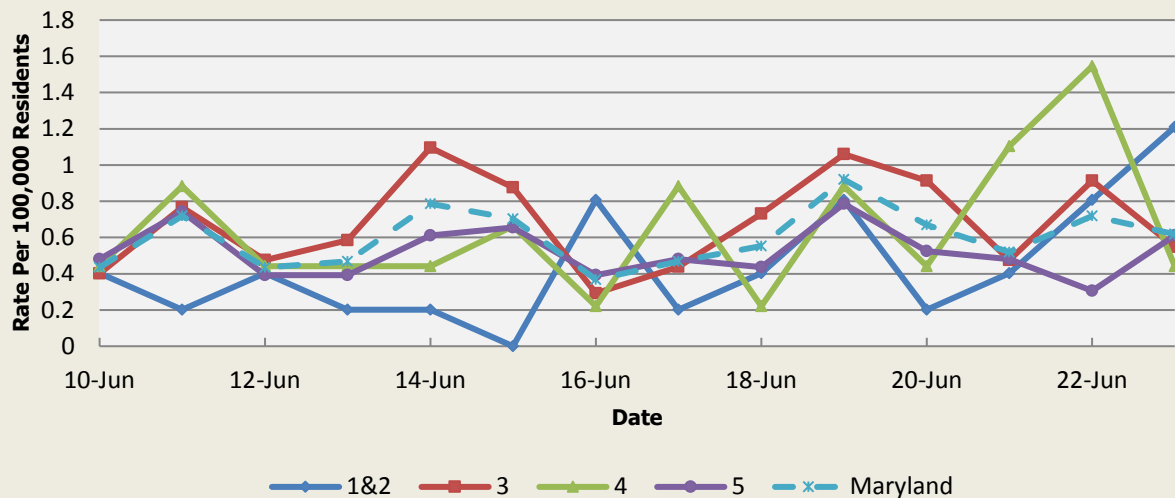


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 6/12 (Regions 1&2), 6/13 (Regions 1&2), 6/15 (Region 4), 6/16 (Region 4), 6/19 (Regions 1&2), 6/20 (Regions 1&2), 6/21 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.14	0.03	0.11	0.11
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

**Emergency Department Chief Complaints for Lymphadenitis Syndrome
Rate Per 100,000 Residents**



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 6/11 (Regions 4,5), 6/16 (Regions 1&2), 6/17 (Region 4), 6/19 (Regions 1&2,5), 6/21 (Regions 1&2,4), 6/22 (Region 4), 6/23 (Regions 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.56	0.37	0.35	0.45
Median Rate*	0.20	0.44	0.22	0.31	0.37

* Per 100,000 Residents

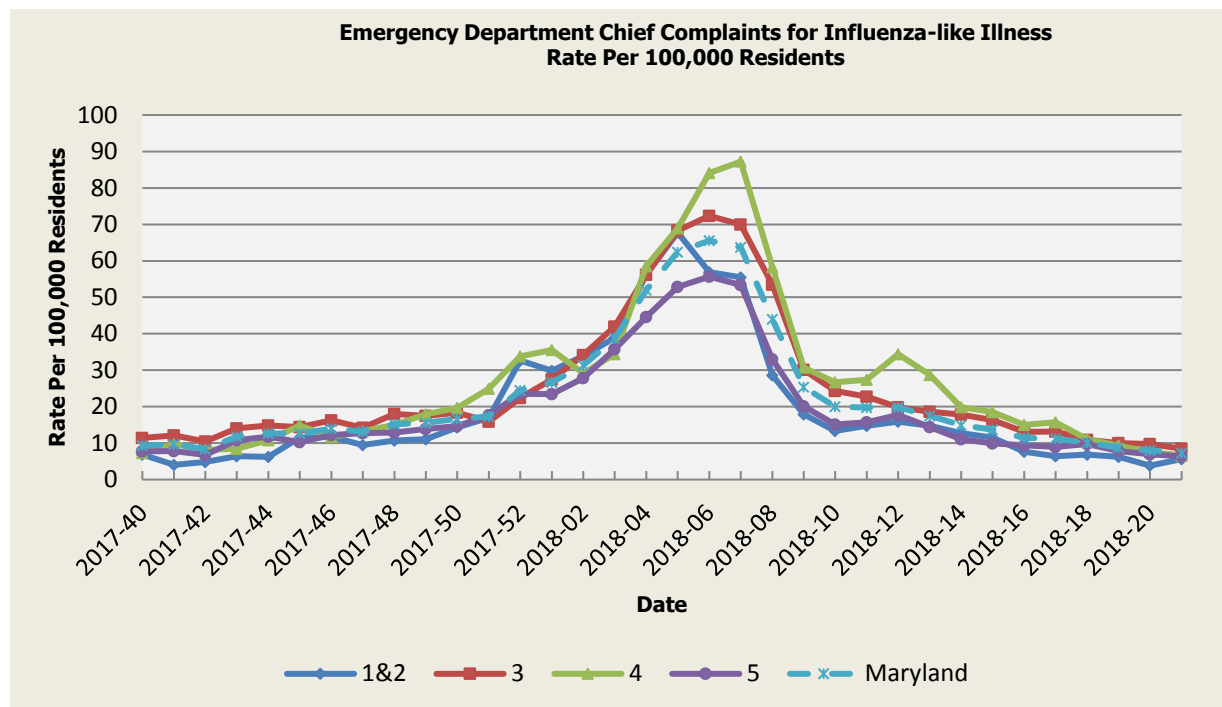
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	June			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Meningococcal disease	0	0.2	0	4	3	2
Measles	0	0.6	1	0	4.4	3
Mumps	0	2.2	2	5	36.4	16
Rubella	0	0.6	1	1	3.2	3
Pertussis	0	16.4	15	17	139.8	131
Foodborne Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Salmonellosis	0	72.6	69	39	336.2	327
Shigellosis	0	19.2	18	19	95.2	115
Campylobacteriosis	0	76.4	83	71	342.2	354
Shiga toxin-producing Escherichia coli (STEC)	0	14.2	17	12	68.6	80
Listeriosis	0	1.4	1	1	6.2	6
Arboviral Diseases	2018	Mean*	Median*	2018	Mean*	Median*
West Nile Fever	0	1.6	1	0	2.6	2
Lyme Disease	0	444.4	438	176	1363.8	1410
Emerging Infectious Diseases	2018	Mean*	Median*	2018	Mean*	Median*
Chikungunya	0	1.2	0	0	6.2	4
Dengue Fever	0	1.6	1	1	12.8	8
Zika Virus	0	0.2	0	1	1.8	0
Other	2018	Mean*	Median*	2018	Mean*	Median*
Legionellosis	0	19.4	14	16	80.8	78
Aseptic meningitis	0	27.2	22	20	167	170

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2018. † Counts are subject to change *Timeframe of 2013-2017. **Includes January through current month. *** As of June 27, 2018, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2018 is 5.

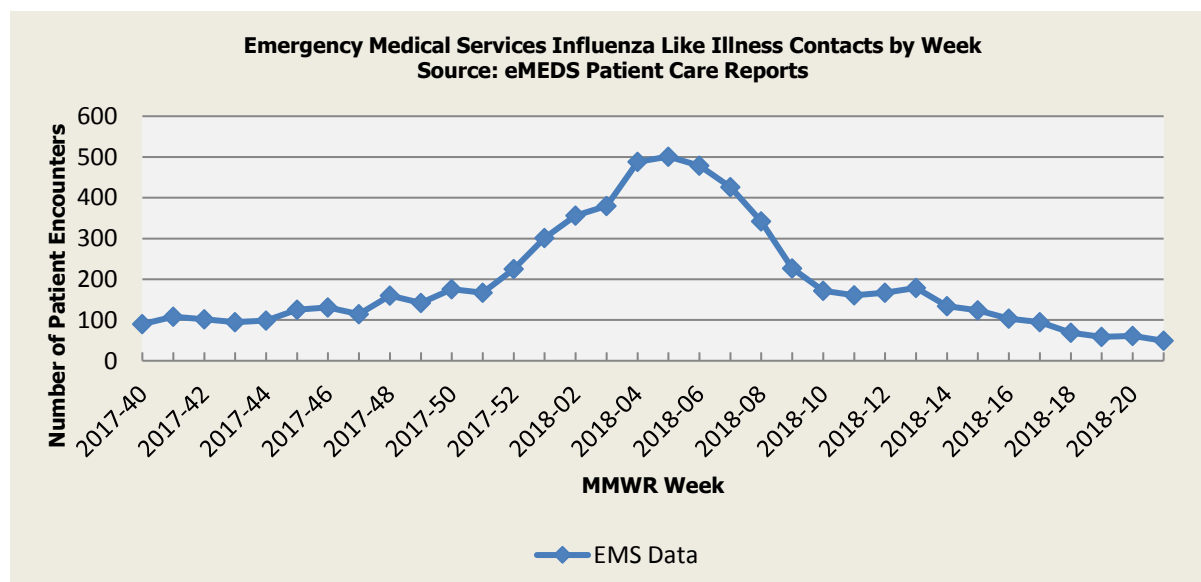
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May).



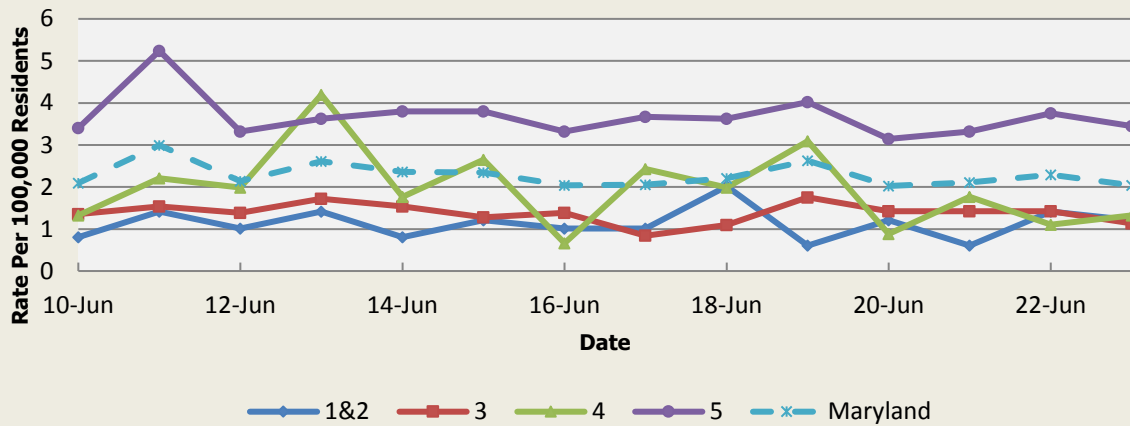
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.34	16.55	15.19	14.31	15.24
Median Rate*	7.66	9.65	9.05	8.45	8.99

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

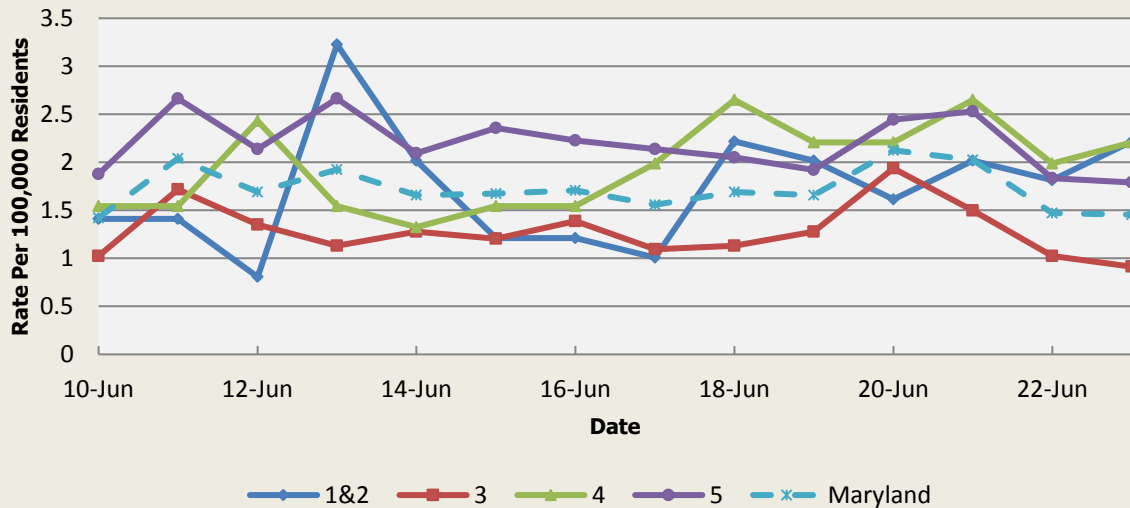


There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.72	4.83	2.76	8.30	5.91
Median Rate*	3.02	4.24	2.43	7.77	5.32

* Per 100,000 Residents

Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



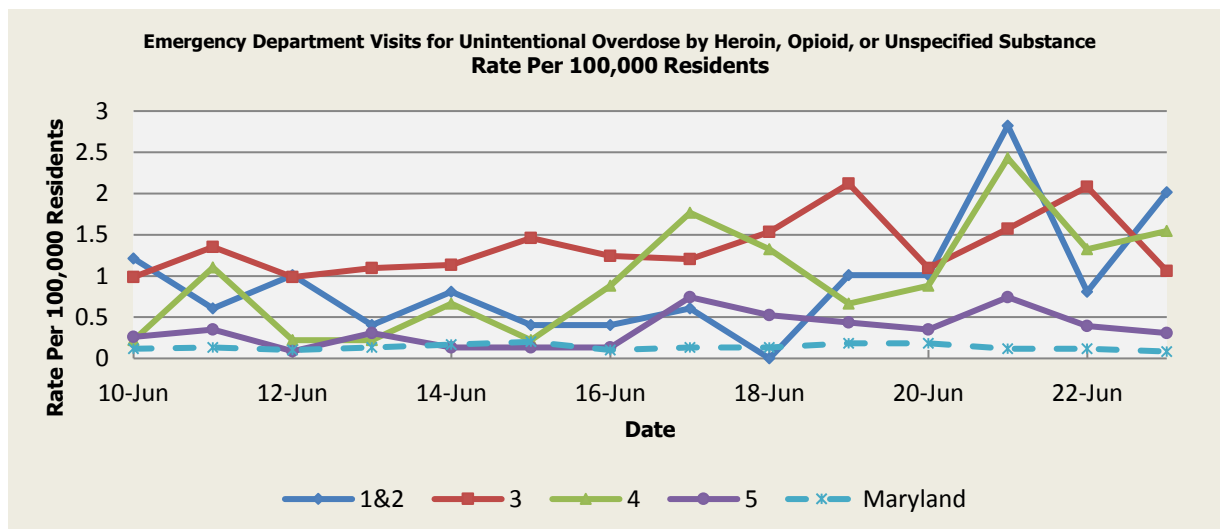
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.24	3.12	2.42	4.12	3.46
Median Rate*	3.02	2.92	2.21	3.89	3.25

* Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

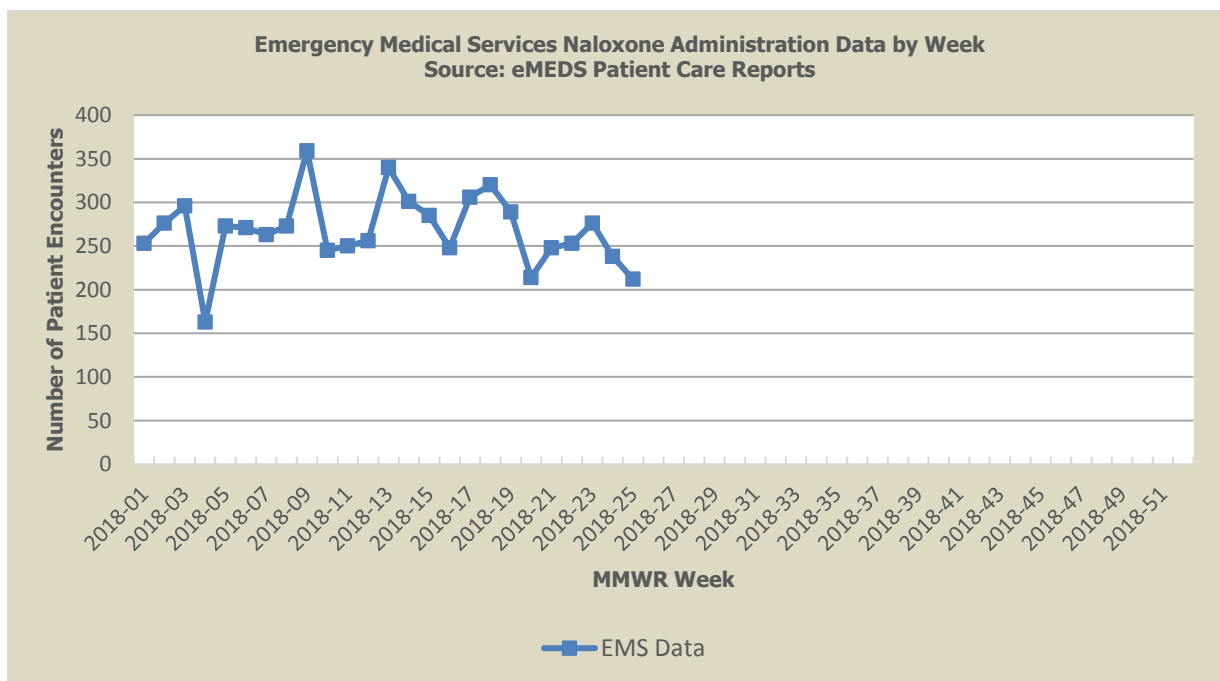
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.



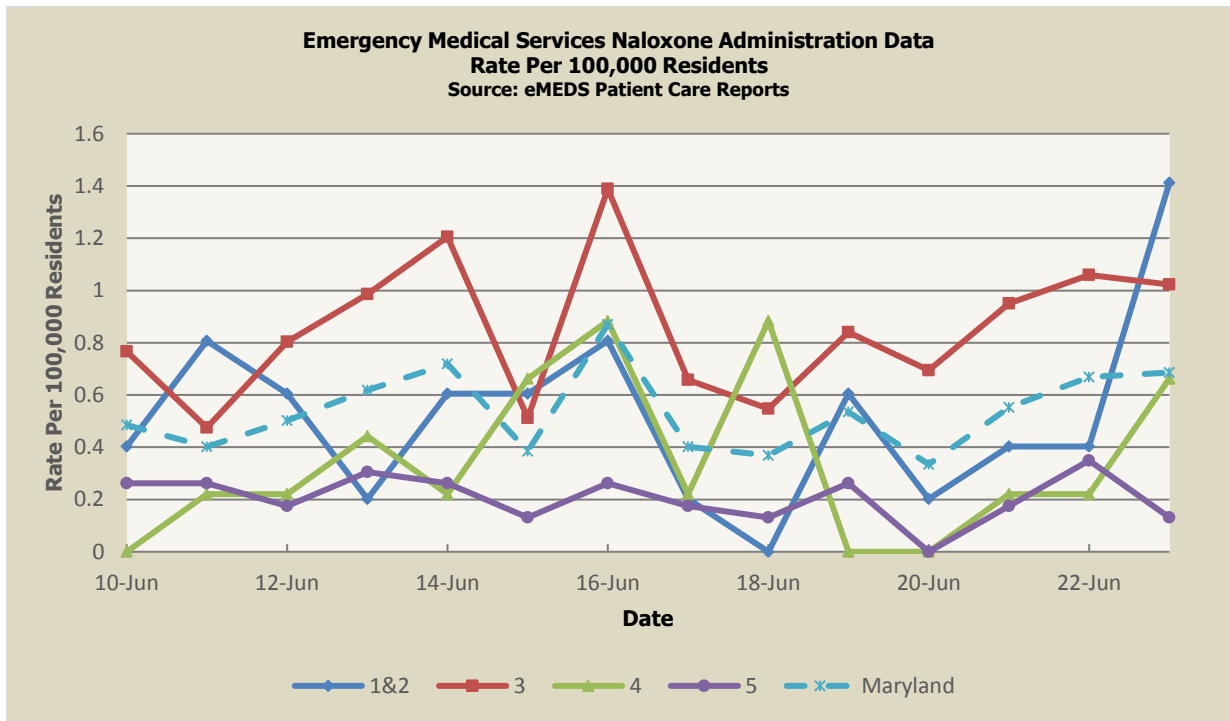
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.28	0.36	0.32	0.13	0.26
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 27, 2018, the WHO-confirmed global total (2003-2018) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week.

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week.

NATIONAL DISEASE REPORTS

HANTAVIRUS (NEW YORK), 23 Jun 2018, A worker at Belmont Park racetrack has died in what health officials believe may be a rare case of hantavirus [infection] in New York State. He was hospitalized and died on 6 Jun 2018, of what appears to have been hantavirus pulmonary syndrome [HPS], an advanced stage of the virus [infection], according to the New York State Department of Health's preliminary findings Read More: <http://www.promedmail.org/post/5872449>

TULAREMIA (ILLINOIS), 21 Jun 2018, The Illinois Department of Public Health [IDPH] has confirmed a human case of tularemia in Cook County. Also known as "rabbit fever," the Cook county case has been tied to rabbit exposure. Read More: <http://www.promedmail.org/post/5866489>

INTERNATIONAL DISEASE REPORTS

YELLOW FEVER (BRAZIL), 27 Jun 2018, The State Secretariat of Health (SES/MT), through State Epidemiological Surveillance, confirmed a case of human yellow fever in the state. The patient is from Primavera do Leste, works as a grain sorter, and is responding well to treatment. Read More: <http://www.promedmail.org/post/5880041>

HANTAVIRUS (PANAMA), 18 Jun 2018 A total of 7 new hantavirus [infection] cases in Los Santos province were reported 26 Jun 2018, by health authorities in the province. Delfina Sáez, head of Los Santos regional Public Health, indicated that 4 of them remain hospitalized in the Joaquín Pablo Franco Sayas Hospital in Las Tablas. Sáez said that 2 are being attended in intensive care (a 79-year-old woman from La Laguna de Pocrí and a 73-year-old man from Flores de Tonosí). Read More: <http://www.promedmail.org/post/5879628>

HEPATITIS E (BANGLADESH), 27 Jun 2018, An outbreak of hepatitis E virus [HEV] in Chittagong city's Haliashahar and Agrabad areas for the last 3 months has put the lives of the residents at high risk. According to sources in the area, at least 3 people died in the last week since 17 Jun 2018, while over 300 people have been affected in the last 3 months. Read More: <http://www.promedmail.org/post/5878210>

RIFT VALLEY FEVER (KENYA, SOUTH AFRICA), 25 Jun 2018, In the past one month, 7 more people have died of Rift Valley fever, bringing the toll to 26, a report from the Ministry of Health's Disease Surveillance and Response Unit says. A total of 6 people died in Wajir, while one person succumbed in Marsabit. Some 24 cases were reported in Wajir and 2 in Marsabit. Siaya County on 22 Jun 2018, issued an alert after one person died from the mosquito-borne disease, which was confirmed by tests at the Kenya Medical Research Institute (Kemri). Read More: <http://www.promedmail.org/post/5875458>

BOTULISM (DENMARK), 25 Jun 2018, There is an outbreak of clinically confirmed botulism (sausage poisoning) in South Jutland [Syddjylland]. The Food Administration has been involved in the case since 17 Jun 2018. It is normal for the Board of Patient Safety to involve the Food Administration in cases of suspected food. Read More: <http://www.promedmail.org/post/5873740>

LEPTOSPIROSIS (INDIA), 24 Jun 2018, Dr. Sheeja said the increasing number of leptospirosis cases in the district was another major public health concern. She said a total of 69 leptospirosis cases had been reported from the district as on 21 Jun 2018. Dr. Sheeja said most of the leptospirosis cases had been found in workers attached to the Mahatma Gandhi National Rural Employment Guarantee Scheme and Kudumbasree Mission, who work in waterlogged area. Read More: <http://www.promedmail.org/post/5873184>

SALMONELLOSIS (AUSTRALIA), 21 Jun 2018, Several cases of salmonellosis have been linked to South Australian alfalfa sprout products, prompting state authorities to issue a health warning. SA Health's chief medical officer Professor Paddy Phillips said there have been 21 recent confirmed cases of salmonellosis in people who have eaten SA Sprouts alfalfa sprouts. Read More: <http://www.promedmail.org/post/5866493>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

